ATENT APPLICATION FEE DETERMINATION RECOP							Application or Docket Number					
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## TOTAL CHARGEABLE CLAIMS minus 20= INDEPENDENT CLAIMS minus 3 = MULTIPLE DEPENDENT CLAIM PRESENT If the difference in column 1 is less than zero, enter "0" in column 2 CLAIMS AS AMENDED - PART II (Column 1) (Column 3) (Column 2) CLAIMS NUMBER REMAINING: PRESENT PREVIOUSLY AFTER AMENDMENT. PAID FOR Minus 🖫 Total Independent Minus FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (Column 2) (Column 3) Column 1) CLAIMS: HIGHEST REMAINING NUMBER. PRESENT PREVIOUSLY AFTER EXTRA PAID FOR AMENDMENT Total 🔆 🐎 Minus ind pendent FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (Column 2) \*(Column 3) (Column 1) HIGHEST : CLAIMS ADDI-ADDI-NUMBER REMAINING PRESENT TIONAL TIONAL RATE RATE PREVIOUSLY AFTER EXTRA PAID FOR FEE AMENDMENT FEE

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriat box in column 1

Minus!

Minus :

If the entry in column 1 is less than the entry in column 2, write "0" in column 3. "If th "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

""If th "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter 3."

Total

Independent

TOTAL CLAIMS

OR

OR

OR

X\$18=

X80=

+270<u>=</u>

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ADDIT, FEE





Approved for use through 10/31/2002. OMB 0651-0032
U. S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Application or Docket Number PATENT APPLICATION FEE DETERMINATION RECORD X-9332 OTHER THAN **CLAIMS AS FILED - PART I** SMALL ENTITY SMALL ENTITY (Column 2) (Column 1) FOR **NUMBER EXTRA** RATE FEE **NUMBER FILED** RATE **FEE** BASIC FEE s 355 OR (37 CFR 1.16(a)) TOTAL CLAIMS (37 CFR 1.16(e)) 19 minus 20 = 0 OR 0 INDEPENDENT CLAIMS 80.0 minus 3 = 2 40= OR (37 CFR 1.16(b)) MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) 0 OR 435. OR **TOTAL** TOTAL \* If the difference in column 1 is less then zero, enter "0" in column 2 OTHER THAN **CLAIMS AS AMENDED - PART II** SMALL ENTITY OR SMALL ENTITY (Column 1) (Column 2) (Column 3) **CLAIMS HIGHEST** ADDI-ADDI-REMAINING NUMBER **PRESENT RATE** TIONAL TIONAL RATE **AMENDMENT AFTER** PREVIOUSLY **EXTRA** FEE FEE AMENDMENT PAID FOR OR Total = Minus (37 CFR 1.16(c)) OR Independent Minus (37 CFR 1.16(b)) OR (37 CFR 1.16(d)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM OR TOTAL TOTAL OR ADDIT. FEE (Column 1) ADDIT. FEE (Column 3) (Column 2) CLAIMS HIGHEST ADDI-ADDI-REMAINING NUMBER **PRESENT** RATE TIONAL **RATE** TIONAL **AMENDMENT AFTER EXTRA** PREVIOUSLY FEE FEE **AMENDMENT** PAID FOR OR Total \*\* Minus OR Independent Minus OR (37 CFR 1.16(b)) (37 CFR 1.16(d)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM OR TOTAL TOTAL OR ADDIT. FEE ADDIT. FEE (Column 1) (Column 2) (Column 3) **CLAIMS** ADDI-HIGHEST ADDI-REMAINING NUMBER **PRESENT** RATE TIONAL RATE TIONAL **AMENDMENT AFTER PREVIOUSLY EXTRA** FEE FEE AMENDMENT PAID FOR OR Total Minus (37 CFR 1.16(c)) OR Independent Minus (37 CFR 1.16(b)) OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL OR ADDIT. FEE ADDIT. FEE \* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".